

Foster Family Home - Corrective Action Report

Provider ID: 1-559049

Home Name: Carmencita Asuncion, CNA

Review ID: 1-559049-7

94-1169 Kahuanui Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 12/27/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 1/27/20.

6.(d)(1)- see applicable sections of the review

Foster Family Home

Background Checks

[11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- Ecrim for CG#3, CG#4, and CG#5 expired on 7/6/18 and renewed on 7/16/18. APS/CAN for CG#1 expired on 8/3/19 and renewed on 8/12/19. For CG#3, CG#4, CG#5 APS/CAN expired on 7/11/18 and renewed on 7/18/18.

Foster Family Home

Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- CG #4 did not conduct a monthly fire drill since 1/2018-12/2019.

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medications side effects were documented in Client #1's chart.

Foster Family Home - Corrective Action Report

Foster Family Home

Client Rights

[11-800-53]

53.(b)(9)

Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Client #2 with video surveillance inside bedroom without written consent signed by client or client's representative/POA.

Foster Family Home

Records

[11-800-54]

54.(c)(5)

Medication schedule checklist;

Comment:

54.(c)(5)- Medication discrepancies noted for Client #1 and Client #2.

Client #1- 2 medications were not available but has current MD order and listed in MAR. A medication is in client's possession, no MD order, and not listed in MAR.

Client #2- No current MAR made on 12/18/19 as client was admitted in hospice care. Medications withheld by CG#1 as she stated that she was waiting for the MAR from hospice agency.

Maikel Nakawire, Rv

Compliance Manager

Callamacion

Primary Care Giver

12/27/19

Date

12-27-19

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Carmencita Asuncion

CCFFH Address: 94-1169 Kahuanui St. Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1), (2)	CG#1 showed CTA compliance Manager the current Ecrim for CG#3, CG#4, and CG#5 and filed in home binder. The APS/CAN also was seen during home survey for CG#1, CG#3, CG#4, and CG#5 and documents were placed in home binder.	12/27/19	Home will use an iPhone calendar to schedule due dates 2-3 months in advance to prevent future lapses.
46.(a)	Fire drill was conducted by CG#4 on 1/2/2020.	1/2/20	CG#1 made a schedule for each caregiver to conduct a monthly fire drill. CG#1 posted the schedule in home binder.

Primary Caregiver's Signature: Carmencita Asuncion

Print Name: CARMENCITA ASUNCION Date of Signature: 1-10-2020

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Carmencita Asuncion

CCFFH Address: 94-1169 Kahuanui St. Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
47.(c)	Moved and filed all the listed medication side effects in the home binder.	12/27/19	When there is new medication always put the list of medication side effects in the home binder, similarly when there is a new home binder always move the list of medication side effects to the new home binder.
53.(b)(9)	Created a video surveillance consent form for client #2 representative/POA to sign	01/08/20	Before taking any photos, videos, surveillance of the client, make sure to create or have a written consent form ready to have the client or the client's representative/POA sign the consent form.

Primary Caregiver's Signature: C. Asuncion

Print Name CARMENCITA ASUNCION

Date of Signature: 1-10-2020

Community Care Foster Family Home (CCFFH)
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Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Carmencita Asuncion

CCFFH Address: 94-1169 Kahuanui St. Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54.(c)(5)	Medication discrepancy was corrected for client #1 and CG#1 and MAR was created for client #2.	01/10/20	CG#1 will look at all medication orders, bottles and MAR to ensure all match before giving any new medication. Home will notify CMA, Pharmacy and/or doctor if they are different.

Primary Caregiver's Signature: Carmencita Asuncion

Print Name: CARMENCITA ASUNCION

Date of Signature: 1-10-2020